

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		49	9/1/01
O.I.P.E. CLASSIFIER	LC	1024	9/27/01
FORMALITY REVIEW	✓	9-05	3/13/02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10/01
2	✓	✓	10/10/01
3	✓	✓	10/10/01
4	✓	✓	10/10/01
5	✓	✓	10/10/01
6	✓	✓	10/10/01
7	✓	✓	10/10/01
8	✓	✓	10/10/01
9	✓	✓	10/10/01
10	✓	✓	10/10/01
11	✓	✓	10/10/01
12	✓	✓	10/10/01
13	✓	✓	10/10/01
14	✓	✓	10/10/01
15	✓	✓	10/10/01
16	✓	✓	10/10/01
17	✓	✓	10/10/01
18	✓	✓	10/10/01
19	✓	✓	10/10/01
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21	✓	✓	10/10/01
22	✓	✓	10/10/01
23	✓	✓	10/10/01
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25	✓	✓	10/10/01
26	✓	✓	10/10/01
27	✓	✓	10/10/01
28	✓	✓	10/10/01
29	✓	✓	10/10/01
30	✓	✓	10/10/01
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42	✓	✓	10/10/01
43	✓	✓	10/10/01
44	✓	✓	10/10/01
45	✓	✓	10/10/01
46	✓	✓	10/10/01
47	✓	✓	10/10/01
48	✓	✓	10/10/01
49	✓	✓	10/10/01
50	✓	✓	10/10/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

10/24/02  
OCT 2002  
10/24/02